

AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Form Name: Aged and Disabled Waiver Case Management Notification of Case Closure (Policy Section 501.16)

Purpose: To ensure that Economic Services is notified when a person's ADW case is closed.

This form should be faxed to the attention of the Economic Services Worker at the DHHR in the county of the person's residence. This form should also be uploaded into ADW CareConnection® by the Case Manager along with or in addition to the documentation for closure of the person's ADW case.

To begin:

- Enter the following information at the top of the form.
 - Date
 - Name of Economic Services Worker
 - Fax number of Economic Services Worker

- Complete the **"ADW Participant"** section of the form by documenting:
 - Person's last name
 - Person's first name
 - Person's middle initial
 - Person's address
 - Person's date of birth (dob)
 - Person's Medicaid Number

- Complete the **"Administrative"** section of the form by documenting:
 - Name of Case Management Agency
 - CM agency address
 - CM agency phone number
 - CM agency fax number
 - Closure date (date provider agency requested closure)
 - Indicate if hearing was requested by checking yes or no
 - Date of hearing request (if applicable/known)
 - Last date of service
 - Reason for closure:
 - No PA services for 180 days
 - unsafe environment
 - persistent non-compliance with service plan
 - no longer desires ADW services
 - no longer requires ADW services
 - can no longer be safely maintained in the community (very rare, must receive approval from Operating Agency before using this closure reason)
 - moved out of state
 - Case Manager's Signature
 - Date of CM's signature
 - Time of CM's signature